

# NOTIFICATION OF DEMOLITION AND RENOVATION

2/21/12

<b>I. FACILITY INFORMATION</b> (Identify owner, removal contractor, and other operator)				
OWNER: <u>Dormitory Authority - State of New York</u>				
Address: <u>515 Broadway</u>				
City: <u>Albany</u>	State: <u>NY</u>	Zip: <u>12207</u>		
Contact: <u>Carl Waldenmaier</u>	Tel: <u>914-251-4432</u>			
REMOVAL CONTRACTOR: <u>Suburban Restoration Co., Inc.</u>				
Address: <u>P.O. Box 28</u>				
City: <u>Hawthorne</u>	State: <u>NJ</u>	Zip: <u>07507-0028</u>		
Contact: <u>Roman Markovic</u>	Tel: <u>973-427-2370</u>			
OTHER OPERATOR: <u>N/A</u>				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
<b>II. TYPE OF NOTIFICATION</b> (O = Original/R = Revised): <u>O</u>				
<b>III. TYPE OF OPERATION</b> (D = Demolition/R = Renovation): <u>R</u>				
<b>IV. IS ASBESTOS PRESENT?</b> (Yes/No) <u>Yes</u>				
<b>V. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number)				
Bldg Name: <u>SUNY PURCHASE Bldg. #45</u>				
Address:				
Address: <u>735 Anderson Hill Road</u>				
City: <u>Purchase</u>	State: <u>NY</u>	County: <u>Westchester</u>		
Site Location: <u>Various locations</u>				
Building Size	SqMeter:	SqFt: <u>500,000</u>	# of Floors: <u>3</u>	Age in Years: <u>±50</u>
Present Use: <u>Dormitory</u>		Prior Use: <u>Dormitory</u>		
<b>VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>				
<u>Bulk Sampling</u>				
<b>VII. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW.</b>				
		RACM To Be Removed	Nonfriable Asbestos Material Not to Be Removed	
			Category I	Category II
Pipes - Linear Feet				
Pipes - Linear Meters				
Surface Area - Square Feet		<u>8,535</u>		
Surface Area - Square Meters				
Volume RACM Off Facility Component - Cubic Feet				
Volume RACM Off Facility Component - Cubic Meter			<u>24</u>	
<b>VIII. SCHEDULED DATES OF ASBESTOS REMOVAL (MM/DD/YY)</b>		Start: <u>6/26/11</u> Completion: <u>6/21/12</u>		
<b>IX. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY)</b>		Start: Completion:		

Continued on page two

Figure 1. Notification of Demolition and Renovation

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:  
*Abatement of 12x12 VAT, mastic, textured popcorn ceilings, dry wall/joint compound, via all necessary and appropriate fed., state and local rules and regulations*

XI. DESCRIPTION OF ENGINEERING CONTROLS AND WORK PRACTICES TO BE USED TO CONTROL EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: *All applicable and appropriate controls and work practices will be utilized in furtherance of properly performing this abatement work.*

XII. WASTE TRANSPORTER #1

Name: *STG, Inc*

Address: *58 Pyles Lane*

City: *New Castle*

State: *DE*

Zip: *19720*

Contact Person: *Dave or Randy*

Telephone: *877-999-9559*

WASTE TRANSPORTER #2

Name: *N/A*

Address:

City:

State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: *Minerva Landfill*

Address: *9000 Minerva Rd.*

City: *Waynesburg*

State: *OH*

Zip: *44688*

Telephone: *303-866-3435*

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of Industrial Operations:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. *In the unlikely event of an unexpected asbestos release or otherwise, all necessary and applicable federal, state and local rules and reg. will be followed to contain such an unlikely event properly*

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

*Ronan Markono*

*Ronan Markono*  
 (Signature of Owner/Operator)

*6/8/11*  
 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

*Ronan Markono*

*Ronan Markono*  
 (Signature of Owner/Operator)

*6/8/11*  
 (Date)

Figure 1. Notification of Demolition and Renovation  
 12